

CERMAK | KENEALY LLP

AN INTELLECTUAL PROPERTY MICROBOUTIQUE™ LAW FIRM

Shelly Guest Cermak
+1 703 778 6608 (V)
+1 703 652 5101 (F)
scermak@cermak-kenealy.com

515-B E. Braddock Road
Alexandria, VA 22314 USA

December 12, 2005

Box Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA. 22313-1450

In re application of: Kurauchi et al.
Application. No.: 10/808,536
Filing Date: March 25, 2005
Atty. Docket No. US-169
Title: Inosine L-Arginine Salt and Uses Thereof

Sir:

Transmitted herewith is an Amendment in the above-identified application. Please find enclosed:

- ☒ Amendment and Request for Reconsideration: 7 pages.
☐ Petition for Extension of time from the Office Action, mailed , months to :
pages
☐ Information Disclosure Statement: pages.
☐ PTO-1449: pages.
☐ cited references.
☐ PTO-2038 Credit Card Payment Form (fee calculated as shown below): pages.
☐ Other:
☐ A fee is required, as calculated below:

| (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | | or | LARGE ENTITY | |
|--------------------------------------------------------------------------|----------|------------------------------------------------|--------------|------------|----|--------------|------------|
| <i>Claims Remaining After Amendment</i> | | <i>Highest No. Previously Paid For</i> | <i>Rate</i> | <i>Fee</i> | | <i>Rate</i> | <i>Fee</i> |
| <i>Total</i> | minus | 20 | x \$25 = | \$ | or | x \$50 = | \$ |
| <i>Indep.</i> | minus | 3 | x \$100 = | \$ | or | x \$200 = | \$ |
| <input type="checkbox"/> First Presentation of Multiple Dependent Claims | | | + | \$ | or | +\$360 = | \$ |
| | | | \$180= | \$ | or | = | \$ |
| | | | Total | \$ | or | Total | \$ |

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Please accept payment of the above-calculated fees, and any extension of time fees, or any IDS fees by the following payment method:

- ☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
- ☐ A check in the amount of \$ _____ is enclosed.
- ☒ The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to
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- ☒ the credit account identified in the EFS-Web processing fee sheet.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



Shelly Guest Cermak
Reg. No. 39,571

U.S. P.T.O. Customer No. 38108

Cermak & Kenealy, LLP
515 E. Braddock Road, Suite B
Alexandria, VA 22314
703.778.6608

Date: December 12, 2005